

FILED-MAY 27 1955

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

16292

State File No. ....

BIRTH NO. ....		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 4434		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>Ralls,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls,</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Center, Mo.</u>		c. LENGTH OF STAY (In this place) <u>40yrs</u>		c. CITY OR TOWN <u>Center, Mo.</u>		d. Is Residence within limits of a city or incorporated town? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Center, Missouri.</u>				e. STREET ADDRESS (If rural, give location) <u>Center, Missouri.</u> <u>0870</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mabel</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Keithly</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1955.</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 11, 1889</u>	
9. AGE (In years last birthday) <u>65</u>		10. MONTH <u>11</u> DAY <u>18</u> HOURS <u>18</u> MIN. <u>18</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ralls County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		13a. FATHER'S NAME <u>Wm Henry Lane</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Gregory</u>	
13c. NAME OF HUSBAND OR WIFE <u>Ernest Keithly</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		15. SOCIAL SECURITY NO. <u>None</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Clark Keithly</u> ADDRESS <u>Center, Mo.</u>	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of uterus, bladder, kidneys, stomach;</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lungs and throat</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
18a. DATE OF OPERATION <u>None</u>		18b. MAJOR FINDINGS OF OPERATION				19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20d. HOW DID INJURY OCCUR	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 19, 1955</u>		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21c. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>April 1, 1955</u> to <u>May 19, 1955</u> , that I last saw the deceased alive on <u>May 19, 1955</u> , and that death occurred at <u>9:30 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>C. H. Brooke</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Center, Missouri.</u>		23c. DATE SIGNED <u>5-21-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-22-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Center, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>5-21-1955</u>		REGISTRAR'S SIGNATURE <u>Clayton Wilkey</u> 267-		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton Wilkey</u> ADDRESS <u>Perry, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....*Clyde Wilkey*

Licensed Embalmer No.....3820

P. O. Address.....Perry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.